

09/937381

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

BEST AVAILABLE COPY 10-2-01

INDEX OF CLAIMS

✓ Rejected
= Allowed
- (Through numeral)... Canceled
+ Restricted
N Non-elected
I Interference
A Appeal
O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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